## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER AS FILED I" AMENDMENT AFTER 2 MAMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. 2 MAMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 24. TOTAL IND TOTAL IND. TOTAL DEP TOTAL CLAIMS TOTAL

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